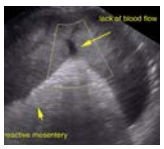
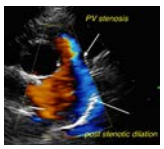
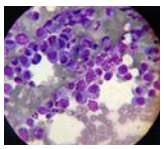
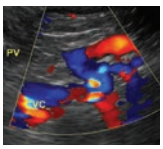
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Smudge Martin

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14 Years

WEIGHT
5.0 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dr. Brittany Gardner

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Brittany Gardner

INVOICE
38886

DATE
6/18/22

PRESENTING CLINICAL SIGNS

Anorexia and not drinking. History of URI. Febrile on presentation 104.6F
Abnormal PE/Chem/CBC/UA Results: CBC: HCT 37.4 WBC 9.84 Neut 5.26 band suspect plts 171 Chem 17: Gluc 177 Creat 11 bUN 15 Tbili 2.4 EPOC: Gluc172 K 3.4 i ca 1.00 Felv/FIV: NAD/NAD USG >1.050 pH 7.0 Protien 500mg/dL Blood 250 ery/uL Urobilinogen 8 mg/dL WBC's 2 phpf RBC's > 50 phpf No bacteria detected on machine Bilirubin crystals 6-20 phpf Unclassified crystals 1-5 phpf EPOC-6:42am hypocalcemia ica 1.05, HCT 37%, BUN < 10 mg/dL T-bilirubin this am 3.0mg/dL which is increased. S/O: QAR, T: 104.7, HR: 200 , RR 24 , mm pk/m w/ CRT < 2s. EENT: Bilateral clear ocular discharge, hypersalivating H/L: NMA, SSP; lungs clear, eupneic. ABD: tense on palpation, growling. M/S: amb x 4 w/ no lameness. NEU: appropriate mentation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple pinpoint hyperechoic cortical foci were present. The left kidney measured 3.6 cm. The right kidney measured 4.1 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

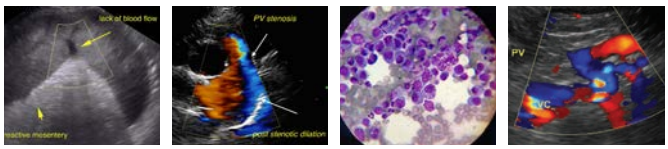
Liver

The liver exhibited potential for mild enlargement. Maintained symmetrical capsule contour. Subjective reduced hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No hepatic masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid present in the gastric lumen. Gastric body wall measured 0.34 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.23 cm. Ileocolic wall measured 0.44 cm.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

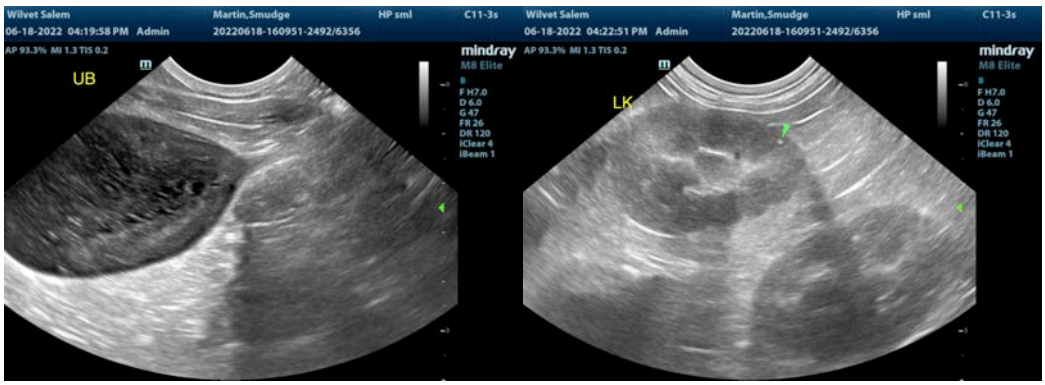
Intermittent mildly prominent mesenteric lymph nodes were present, example measured 0.64 cm in diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

ULTRASONOGRAPHIC FINDINGS

- Moderate UB sediment
- Chronic kidneys with hyperechoic cortical foci - foci could indicate micro infarcts, mineralization or fibrosis
- Gastroenteritis pattern with mild gastric hypomotility
- Subjective borderline hepatomegaly with mild decreased parenchyma echogencity - possible acute hepatopathy, the GB and CBD were normal without signs of post hepatic obstruction
- Intermittent nonspecific yet subjectively benign / reactive mesenteric lymph nodes - suspect mild reactive hyperplasia or lymphadenitis possibly owing to inflammatory bowel episode

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status, FNA of the liver for cytology warranted to assess for inflammation or possible occult neoplasia which cannot be ruled out given short half-life of hepatic enzymes in cats. Spec fPL could be considered to assess for evidence of pancreatitis which can present sonographically normal. The urinary bladder sediment may suggest cellular / crystalline debris or mucus, likely cellular debris with UA. Cystocentesis for urine C/S is recommended. Empirical IV fluid, GI support and FUO therapy is recommended. 3 view chest rads suggested to rule out contributing factor to fever.



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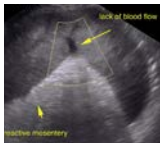
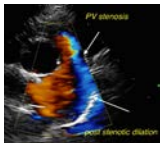
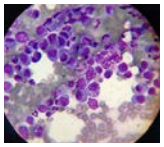
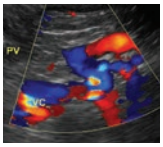

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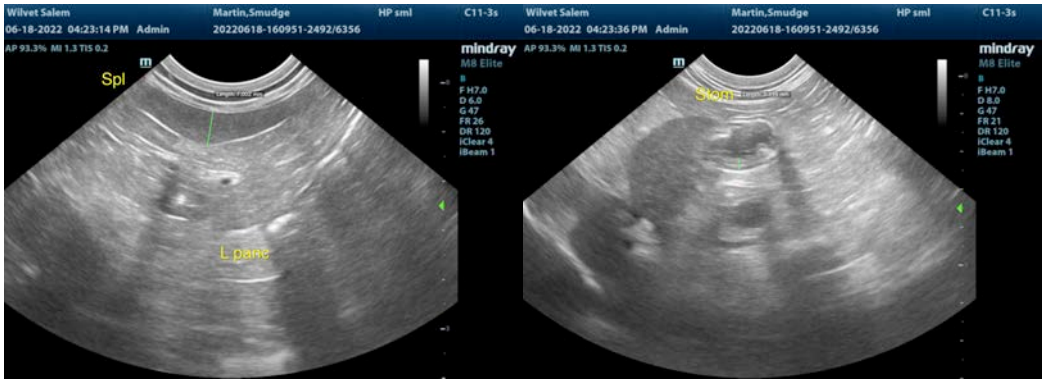

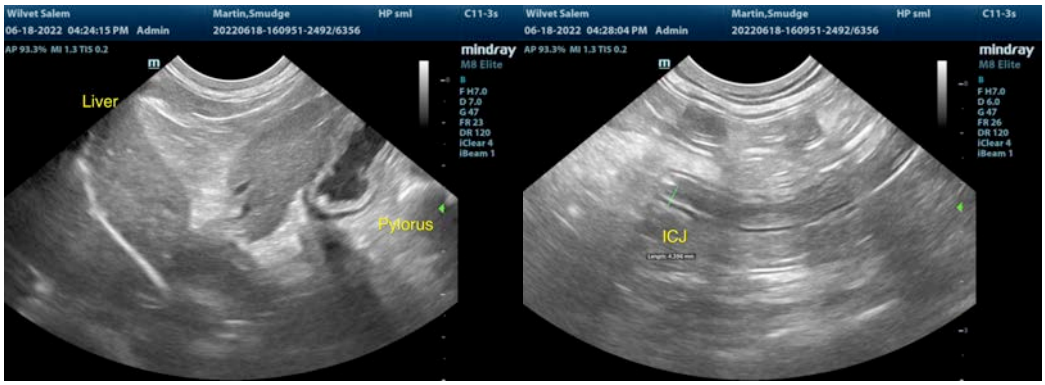

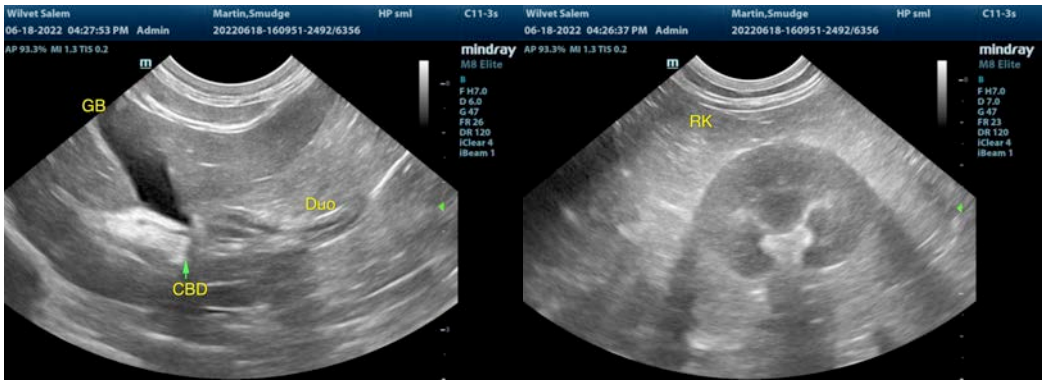

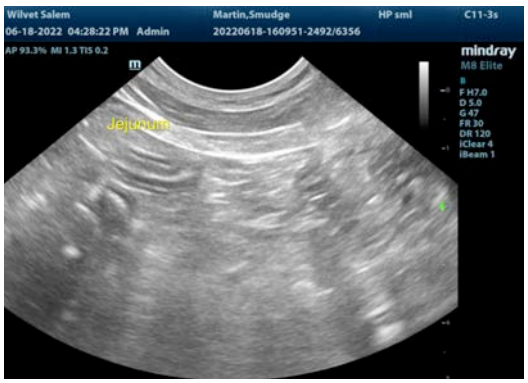

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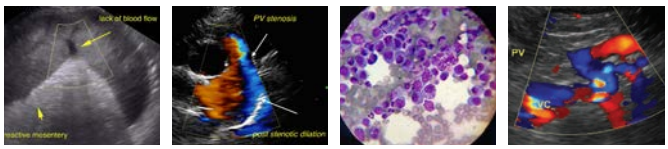

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com